

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-017819**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**4068**

**FILED APR 17 1963**

VS 300  
Rev. 4/59

1

2400-3

3

4

5

6

7

8

9

10

11

12

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH <b>St. Louis, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Maryland Hgts.</b>	
c. FULL NAME OF (If NOT in institution, give location) <b>St. Louis Univ. Groups</b>		d. STREET ADDRESS <b>11510 Terry</b>	
3. NAME OF DECEASED First <b>Sina</b> Middle <b>Key</b> Last <b>Key</b>		4. DATE OF DEATH Month <b>April</b> Day <b>9</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-19-1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11a. FATHER'S NAME <b>Dye, William M.</b>		11b. MOTHER'S MAIDEN NAME <b>Hensley, Nancy L.</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. SOCIAL SECURITY NO. <b>None</b>	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis, generalized metastasis</b> DUE TO (b) <b>Carcinoma of Left Breast</b> DUE TO (c) <b>170X</b>		13b. INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b> <b>9 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:24 AM</b> Month, Day, Year <b>3/25/63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Pagedale 33, Mo.</b>	
21. I attended the deceased from <b>3/25/63</b> to <b>4/9/63</b> and last saw her/him alive on <b>4/8/63</b> Death occurred at <b>6:24 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Phillip Carr M.D.</b>	
22b. ADDRESS <b>1325 So. Grand</b>		22c. DATE SIGNED <b>4/9/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-11-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemerery</b>	23d. LOCATION (City, town, or county) <b>Pagedale 33, Mo.</b>
24. FUNERAL DIRECTOR <b>Baumann Bros. Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>APR 11 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454  
P. O. Address SL 14710

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.